

87 Nepperhan Ave
Room 212
Yonkers, NY 10701

CITY OF YONKERS
LAUNDROMAT
LICENSE APPLICATION

Phone: 914-377-6808
Fax: 914-377-6811
Website:
www.YonkersNY.gov

INSTRUCTIONS FOR USING THIS FORM

Please Note:

If the required supporting documents are not submitted with the application, it will result in the delay and/or denial of the application.

1. Application must be signed by the applicant before a Notary Public.
2. License Fee is \$25.00 per washer/dryer/centrifuge (Money Order or Business/Certified Checks only) payable to "City of Yonkers".
3. License expires December 31st following Date of Issuance. Fees are not pro-rated for partial year licensing.
4. Application must be submitted with \$5,000 License/Permit Bond, payable to the City of Yonkers, executed by a duly authorized Surety Company, and shall be conditioned on compliance with the provisions of this article and any amendment thereto, and upon the further condition that the licensee will pay to the city any fine, penalty or any other obligation within thirty (30) days of its imposition.
5. Applicant must provide a copy of a valid NYS Driver's License issued by the Motor Vehicle Department. If you do not have a NYS Drivers' License, a copy of a Motor Vehicle issued NY State ID Card is required.
6. Application will be forwarded to the following: Yonkers Fire Department and Department of Housing and Buildings for approval.

LICENSING FEES AND EXPIRATION DATE

\$25.00/machine License expires December 31st following date of issuance.

Philip A. Amicone, Mayor
Office of Municipal Code Violations Frank J. McGovern, Executive Director
Consumer Protection Bureau Kerry O'Brien, Director

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Is applicant: ____ Individual Owner ____ Member of Partnership ____ Corporation			
Provide the following information for each Owner, Partner, Corporate Officer.			
Name	Address	Social Security #	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
Name of Laundromat	Address	Telephone#	
_____	_____	_____	
For Corporations: Name of Corporation: _____ Date of Incorporation: _____			
State in which Corporation Organized: _____ Is Corporation Authorized to do Business in NYS? _____			
Address:		Telephone:	
_____		_____	
Number of: ____ Washers ____ Dryers ____ Centrifuge		Number of employees: _____	
Is property owned/leased by applicant?			
If leased, give name, address, and telephone number of owner(s):			

I _____ being duly sworn deposes and says that all of the answers in the foregoing application are true.			
Signature/Date: _____ Print name: _____			

Notary Public			

Philip A. Amicone, Mayor
Office of Municipal Code Violations Frank J. McGovern, Executive Director
Consumer Protection Bureau Kerry O'Brien, Director